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**Special Issue of Research on Language and Social Interaction**

**“Orders of Interaction in Mediated Sessions”**

Editors: Ilkka Arminen, Christian Licoppe & Anna Spagnolli

**Title:** Orienting to emotion in computer-mediated Cognitive Behavioural Therapy

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## **Orienting to emotion in computer-mediated Cognitive Behavioural Therapy**

### **Abstract**

Exploring emotions is a defining feature of psychotherapy. This study explores how therapists explore emotions when they cannot see or hear their clients. In analysing 1,279 sessions of online text-based Cognitive Behavioural Therapy (CBT) we focussed on therapists' commiserations (e.g., "I'm sorry to hear that") and their affective inferences (e.g., "that sounds very scary for you"). Both practices routinely prefaced moves to pursue a range of therapeutic activities, many of which did not prioritise sustained focus on the emotion that had just been oriented to. By separating message composition from message transmission, the modality used for these therapy sessions enabled therapists to combine orientations to emotion with attempts to shift the focus of discussion. Our analysis finds that although physically co-present and computer-mediated psychotherapy share a common focus on emotional experience, the modality used for therapy can be relevant in the design and use of these orientations. Data are in British English.

### **Keywords**

Computer-mediated, text-based, quasi-synchronous, e-therapy, Cognitive Behavioural Therapy (CBT), emotion, affect, feeling, affiliation, Conversation Analysis (CA).

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Understanding clients' emotional experiences is a core goal in a range of psychotherapeutic approaches (Greenberg & Pascual-Leone, 2006; Leahy, 2007), including Cognitive Behavioural Therapy (CBT), which is underpinned by a theory that emotions are influenced by subjective thoughts and interpretations (Beck, 2011). As therapeutic approaches like CBT are increasingly delivered via a range of computer-mediated modalities, this goal remains, and yet may be distinctly shaped through the affordances and constraints of particular computer-mediated modalities (Migone, 2013; Suler, 2004). Text-based modalities are particularly interesting, as it is unclear how removing talk from the 'talking cure' (Freud & Breuer, 1895) might change the nature of therapeutic interactions. We have investigated this through a Conversation Analytic (CA) study of computer-mediated text-based CBT. Our study focuses on how therapists design references to clients' emotional experiences to suit the context of their production, particularly their text-based mode of production and the types of client turns that precede them. We also show how these orientations can be used to achieve a range of therapeutic tasks, including shifting focus from prioritised and sustained discussion of emotional experience. We compare this finding with existing knowledge about orientations to emotion in physically co-present psychotherapy, explaining how the text-based modality we examine affords interactional achievements that could not be readily accomplished in physically co-present interaction.

Online mental health care is burgeoning and diverse. People experiencing mental distress can now use the internet to gather information (Eysenbach, Powell, Kuss, & Sa, 2002), seek advocacy (White & Dorman, 2002), obtain peer support (Vayreda & Antaki, 2009), access self-help programs (Barrazzone, Cavanagh, & Richards, 2012), or interact with health care professionals (Beattie, Shaw, Kaur, & Kessler, 2009; Yuen, Goetter, Herbert, & Forman, 2012). Interacting with health professionals online may be a preferred option for clients who are unable to physically meet with a practitioner, for practical reasons such as geographical isolation, or if they prefer not to, for reasons such as shame or stigma (Yuen et al., 2012). The impact of using a computer-mediated modality upon therapeutic interaction, however, remains far from clear (Migone, 2013).

Recognition of the increased role of computer-mediated interactions in social life is reflected in the rise of research exploring its interactional dimensions. A range of studies have considered different computer-mediated modalities. These include media like videoconferencing that enable synchronised turn-taking that is in many ways comparable to physically co-present interaction and yet subject to endogenous phenomena like transmission distortions and delays (E. S. Rintel, Pittam, & Mulholland, 2003). Other studies have considered completely text-based computer-mediated interactions. Some of these modalities, such as email and discussion boards, provide asynchronous interactional systems that do not require participants to be simultaneously engaged with one another (Harris, Danby, Butler, & Emmison, 2012). Other modalities, such as instant messaging, enable quasi-synchronous interaction. Participants are

simultaneously communicating, but the synchronicity of their interaction is modified through the separation of message composition, which is private, from message transmission, which makes it available to others (Ekberg, Barnes, Kessler, Malpass, & Shaw, 2013; A. C. Garcia & Jacobs, 1999; Herring, 1999; Schönfeldt & Golato, 2003). Studies of these different modalities highlight the range of computer-mediated interactions available and the diverse ways these facilitate interactions that differ from physically co-present interaction.

In addition to their application as a medium for mundane interaction, computer-mediated modalities are also used for various institutional interactions, including business (Licoppe, Cudicio, & Proulx, 2014), education (Nilsen & Mäkitalo, 2010), and healthcare (Vayreda & Antaki, 2009). The current study contributes to a small body of research exploring computer-mediated counselling and psychotherapy services (Danby, Butler, & Emmison, 2009; Harris et al., 2012; Stommel, 2012; Stommel & van der Houwen, 2014) and the use of quasi-synchronous text-based modalities to provide such services (Ekberg et al., 2013; Stommel & van der Houwen, 2013). Of particular relevant to this current study, previous research has established how text-based modalities provide for the production of multi-action turns through the separation of message composition from message transmission, which enables combining within a single turn the expansion of a current sequence and the initiation of a new sequence. This means psychotherapists and counsellors can – but need not necessarily – use sequence expansion to orient to emotion before initiating another action (Ekberg et al., 2013; Harris et al., 2012). The present article focuses on how therapists design such orientations to emotion

when they elect to use this afforded opportunity, and establishes how they can be used to preface initiations of other actions.

Research investigating computer-mediated counselling and psychotherapy has usually sought to contrast the practices observed within these modalities with other types of social interaction. This has been achieved either through direct comparison of computer-mediated interaction with talk-in-interaction (Danby et al., 2009), or through comparison with existing research investigating talk-in-interaction (Stommel, 2012; Stommel & van der Houwen, 2013, 2014). Other studies investigate practices used in computer-mediated interactions as phenomena in their own right, without making explicit comparison to practices in talk-in-interaction (Harris et al., 2012). Given the increasing use of computer-mediated psychotherapy, further research is needed to continue exploring the moment-by-moment accomplishment of therapy in this setting.

In exploring orientations to emotion in online CBT, this study aims to contribute towards understanding similarities and differences between interactions conducted across different modalities (cf. Schegloff, 2009). We achieve this aim by contrasting our analysis with a range of studies that have explored the diverse ways therapists orient to emotion in physically co-present psychotherapy (Fitzgerald & Leudar, 2010; Muntigl & Horvath, 2014a, 2014b; Muntigl, Knight, & Angus, 2014; Peräkylä, 2008; Voutilainen, 2012; Voutilainen, Peräkylä, & Ruusuvuori, 2010; Weiste & Peräkylä, 2014). This research identifies how orientations to emotion can range from continuers (Fitzgerald & Leudar, 2010) to interpretations of clients' emotional experiences

(Voutilainen et al., 2010). Several studies have also explored whether these orientations accomplish affiliation (Muntigl & Horvath, 2014a, 2014b; Muntigl et al., 2014; Voutilainen, 2012; Voutilainen et al., 2010): the extent to which one party endorses a stance taken by another (Stivers, 2008). The present study explores ways therapists design and use orientations to emotion in online text-based CBT, and considers how this differs from its physically co-present counterpart.

## **Method**

### *Data*

This study involved 183 therapist-client dyads participating in a British randomised trial of computer-mediated CBT for depression (Kessler et al., 2009). As part of their recruitment into the trial, participants provided consent for recordings of therapeutic sessions that were part of the trial to be analysed and reported for research purposes. Data were collected between January 2006 and January 2009. The data reported here are copies of 1,279 session logs (typed transcripts of sessions), which were extracted from the online system that mediated the therapeutic encounters following the completion of each therapy session. Although participants' names have been replaced with pseudonyms to anonymise these data, transcripts have not otherwise been modified; any infelicities, including typographical errors, have been retained.

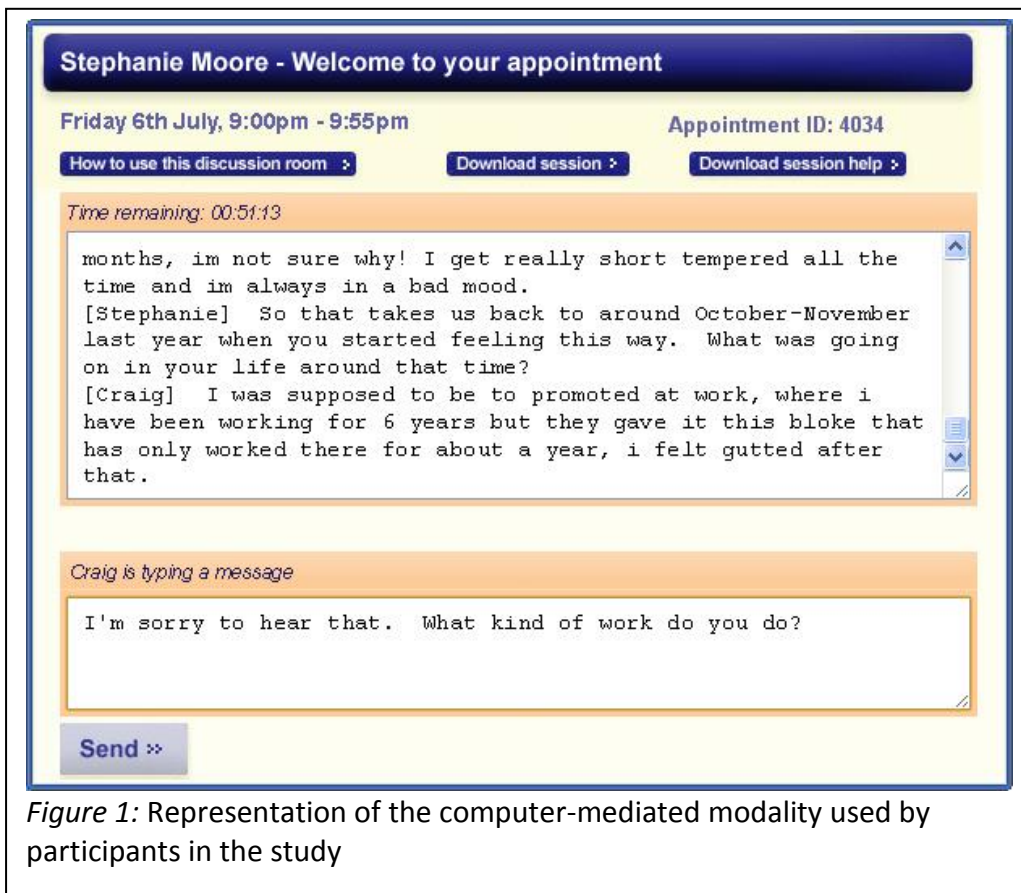


Each client participated in up to ten pre-booked sessions with one of fifteen therapists who were experienced in the delivery of online CBT. All sessions were conducted in English and were scheduled to last for up to 55 minutes. Therapists often explained the therapeutic process at the outset of the first session (Ekberg, Barnes, Kessler, Malpass, & Shaw, in press). Although this sometimes incorporated discussion about technical aspects of the online interface, such as how to respond to connectivity disruptions, only a minority of participants were given explicit instructions on how to take turns when posting messages.

Client-therapist dyads interacted via an existing quasi-synchronous text-based online service (<http://www.psychologyonline.co.uk/>). Consistent with previous studies of similar text-based modalities (A. C. Garcia & Jacobs, 1999), a distinguishing feature of this modality, and one that is crucial for the analysis presented below, is the separation of message composition from message transmission. This provides for differences in the organisation of turn-taking relative to other types of interaction such as talk-in-interaction. Figure 1 illustrates this modality, showing the view of a therapist called 'Stephanie' as she conducts a therapy session with her client 'Craig'. Participants used a message composition box at the bottom of the window displayed on their computer screen to privately compose messages. Although messages were not visible to an interlocutor during their composition, a notice would be displayed if the other party to the interaction was typing a message. In this illustration, as Stephanie is typing the message "I'm sorry to hear that. What kind of work do you do?", a notice is displayed indicating that Craig is also in the process of composing a message. Their respective messages will only be added to the session log box in the area above the composition box, and therefore visible to an

interlocutor, once the composing party has clicked the 'Send' button. Our study considers how this aspect of the modality affords particular opportunities for orienting to emotion.

-----FIGURE 1 AROUND HERE-----



### *Analytic Approach*

This study employs the methods and findings of CA to identify how orientations to emotion are accomplished by therapists in computer-mediated text-based CBT. An important consideration in using CA to study text-based interactions is that such interactions exhibit systematic

differences from talk-in-interaction. This type of computer-mediated modality, for example, structurally excludes paralinguistic features of speech such as intonation, which are used in physically co-present psychotherapy to display and respond to emotion (Fitzgerald & Leudar, 2010; Freese & Maynard, 1998; Labov & Fanshel, 1977). Progressing a consistent CA finding that people routinely employ practices that are solutions to generic challenges for social interaction (cf. Schegloff, 2006), our analysis identifies therapists' techniques for orienting to emotion in interactions that are achieved solely through the quasi-synchronous exchange of text-based messages.

A major constraint for our analysis was that it was not possible to access information about the timing of the posts participants made when taking turns in their interaction with one another. This meant that it was not possible to explore, for example, the impact of any delays upon subsequent interaction. A related constraint came from not being able to access recordings of real-time message composition. This meant, for instance, that we could not investigate matters like whether notifications that an interlocutor was composing a message influenced the other party's conduct. In recognition of this constraint, we avoid making analytic claims that rely upon this information.

An opportunity and challenge for the study was devising a method for case-by-case analysis of a huge corpus of data by CA standards: 1,279 sessions of CBT containing a total of more than 1.5 million words. This challenge was addressed by initially examining a subset of data, developing a candidate analysis, and then searching the entire corpus to test the veracity of that analysis.

Initial analysis examined a subset of 22 client-therapist dyads (151 session transcripts), who were the focus of a previously-reported study (Ekberg et al., 2013). This previous study established how a text-based modality where message composition is separated from message transmission means therapists can, but need not necessarily, orient to the emotional content of clients' prior turns before seeking to initiate new courses of action. The current study progresses this finding by considering how orientations to emotion are designed by therapists when they elect to make them. Initial analysis of 22 client-therapist dyads developed a candidate analysis of two recurrent practices commonly used by therapists in response to clients' descriptions of adverse circumstances: commiserations (e.g., "I'm sorry to hear that") and affective inferences (e.g., "That sounds very scary for you").

Having developed a candidate analysis we tested this by conducting a text search of the entire corpus, involving all 183 therapist-client dyads (1,279 session logs). The search focused on a word most commonly used for each practice in the 22 client-therapist dyads who were the subject of initial analysis: "sorry" in commiserations and "sound" in affective inferences. A search for "sorry" received 1,531 hits and "sound" 2,122 hits. Individual screening of the search results identified 187 instances of "sorry" potentially used as part of commiseration<sup>1</sup> and 330 instances where "sound" was potentially used as part of an affective inference.<sup>2</sup> We present a selection of cases below to illustrate our analysis of these collections.

## **Analysis**

This section considers two recurrent practices used by therapists in instances where they make explicit orientations to emotional experience: commiserations containing the word “sorry” and affective inferences containing the word “sound”. Analysis of these orientations establishes how they are designed to suit different local contexts. Commiserations often follow clients’ demonstration of a negative emotional impact. That is, where an orientation was made to emotion following a client’s clear expression of a negative emotional impact, this was most often accomplished with commiseration. In contrast, affective inferences often follow clients’ descriptions that do not explicitly articulate emotional impact. That is, where an orientation was made following a client’s description that does not explicitly articulate emotional impact, this was most often accomplished with an affective inference. Although designed to suit the particular local context of a client’s prior turn, in the analysis reported below we show how these orientations are similarly used to support a range of therapeutic tasks, including shifting focus away from sustained discussion of emotional experience. Our analysis establishes how this particular achievement is afforded by the text-based modality used for these interactions.

*Commiserations: “I’m sorry to hear that”*

In our data, if clients described the negative emotional impact of their circumstances, where therapists elected to orient to this they routinely did so with commiseration. The analysis provided here extends an account of commiseration reported elsewhere (Ekberg et al., 2013) by considering the local contexts in which commiserations and affective inferences are produced. The following fragment is an instance where a therapist orients to a client’s emotional experience with commiseration. It comes early in a first session of therapy. In

response to a question by Stephanie, a therapist, Craig, her client, has described how his mood has been depressed for seven to eight months. Our focal practice, Stephanie's commiseration, is highlighted in boldface.

**Fragment 1 [Online CBT: P55-T4-S1]**

31 [Stephanie] So that takes us back to around October–November last year  
32 when you started feeling this way. What was going on in  
33 your life around that time?  
34 [Craig] I was supposed to be promoted at work, where i have been  
35 working for 6 years but they gave it this bloke that has  
36 only worked there for about a year, i felt gutted after  
37 that.  
38 [Stephanie] **I'm sorry to hear that.** What kind of work do you do?

Following Craig's response to her question, Stephanie has at least two options available to her. She can ask another question, or she can comment on some aspects of Craig's response, such as orienting to his emotional experience. Although the latter is a reserved right that participants may but need not necessarily exercise (Sacks, 1992: V1: 264), when one party indicates a particular stance towards some matter, there is a structural preference to affiliate with that stance (Stivers, 2008). There is an equivalent preference in text-based computer-mediated psychotherapy, but a difference is that therapists can economically accomplish comments like orienting to emotion. This is because the turn-taking system in this computer-mediated modality affords the combination of comments like orientations to emotion with next questions into a single turn, an accomplishment which is not as readily achievable in physically co-present

interaction (Ekberg et al., 2013). This combination is what Stephanie does here, composing a commiseration with Craig's situation ("I'm sorry to hear that," line 38) and then asking an affectively-neutral question ("What kind of work do you do?" line 38). Transition to a next speaker following commiseration would be a relevant possibility in mundane conversation (cf. Sacks, Schegloff, & Jefferson, 1974) and in physically co-present psychotherapy (cf. Peräkylä, 2010; Voutilainen et al., 2010). Notwithstanding transmission delays, it would also be relevant in other types of computer-mediated modalities like videoconferencing (cf. S. Rintel, 2013). However, in the quasi-synchronous text-based modality we consider, therapists are able to privately compose multi-unit posts before transmitting them to an interlocutor. This systematically provides for the production of turns that can be radically different from their counterparts in other interactional modalities.

By commiserating, Stephanie displays an understanding that the situation Craig describes is an adverse one. The design of her commiseration is generic, employing the deictic reference (cf. Drew, 2013) "that" to refer to Craig's description. "Sorry"-based expressions are treated as commiserations, rather than apologies, when used in reference to circumstances for which the speaker is not responsible (Robinson, 2004). Although she might reasonably infer that being passed over for promotion is disappointing, Stephanie has the additional resource of Craig describing the emotional impact of this ("i felt gutted after that," lines 36-37). In this sense, commiseration is an interactional accomplishment; although expressed by one party, it is facilitated by the preceding conduct of another (Heritage, 2011; Maynard, 2003; Stivers, 2008). Through commiserating, Stephanie affiliates with Craig by endorsing the affective stance he has

taken (Stivers, 2008), before asking an ancillary question that does not affiliate with the emotional impact of Craig's experience (Heritage, 2011). Stephanie's commiseration thus appears to be incorporated into a broader goal of collecting information in an economical manner (cf. Ekberg et al., 2013). Although it orients to Craig's emotional experience, it also precedes a move away from sustained discussion of it.

Our analysis identified therapists recurrently using orientations to emotion in ways that support the pursuit of a range of therapeutic tasks, many of which do not involve sustained focus on the emotion that has been oriented to. For instance, clients may describe circumstances that, although negative, are apparently beyond what the therapist will address in therapy. Where this happens, therapists often commiserate with clients, before seeking to move their discussion in a different direction. The following is one such instance. It comes from the seventh session of therapy between a client called Carly and her therapist Jenny.

#### **Fragment 2 [Online CBT: P144-T11-S7]**

04 [Jenny] Hi Carly. How are you feeling today, and how has your  
05 week been?  
06 [Carly] unfortunately ive had a really bad cold all week and its made  
07 me a bit blue  
08 [Jenny] Oh dear. **I'm sorry to hear that.** Our physical health has a big  
09 affect on our emotional health, and vice versa. So, last week  
10 we were exploring ways of looking at situations from different  
11 perspectives, by firstly trying to identify evidence for and  
12 against a negative thought / belief. We looked at that belief



13           you were having that your boyfriend was going to leave you  
14           ((continues))

As in Craig's response to Stephanie's question in Fragment 1, Carly's response to Jenny's question includes an evaluation of the current emotional impact of the illness she reports ("and its made me a bit blue", lines 6-7; "blue" being a colloquial reference to depression). Jenny replies by commiserating with Carly's situation (line 8). In this respect, the commiserations offered by Stephanie (Fragment 1) and Jenny (Fragment 2) occur in comparable contexts: following the report of a circumstance which has a clear, negative, and current impact on the reporting party.

Jenny's approach of commiserating with Carly and then shifting their discussion is a common way therapists in our data respond to circumstances like those in Fragment 2. That is, they acknowledge the emotional impact of clients' descriptions, but then attempt to shift the discussion to topics ostensibly relevant for therapy. With some other types of adverse personal circumstances, such as the death of someone with whom the client had a close connection, although the therapist cannot change that situation, there may be scope to work with clients to address how they respond to such circumstances. There are therefore three courses of action therapists can take. They can shift focus, defer discussion of the event until a later stage, or inquire about the impact the event has had upon the client. What may be crucial is whether the therapist judges their client's thinking about a matter under discussion as realistic (Beck, 2011). These practices are consistent with the broad trend we have observed, where therapists attempt to shift the focus of discussions to matters the dyad can work together to modify.

As illustrated in our consideration of the above fragments (see also Ekberg et al., 2013), our analysis identifies how commiseration can accomplish two related and yet subtly distinct ends. If clients mention adverse personal circumstances that are potentially within the scope of therapeutic change, therapists often commiserate then continue discussing those particular personal circumstances (or seek to postpone discussion to a later stage). For instance, in Fragment 1 the therapist commiserates with the client about his problems at work, and then continues to ask affectively-neutral questions designed to inquire about his employment more generally. Alternatively, if clients mention adverse personal circumstances that are not ostensibly relevant for the current therapeutic focus, therapists often commiserate with these and then attempt to shift the topic to something more relevant for therapy. For instance, in Fragment 2 the therapist commiserates with the client about her physical illness – something beyond the therapist’s professional scope of influence – and then shifts focus shortly afterwards to return to activities that were undertaken in the previous therapy session. Analysis of commiserations thus provides insight into how therapists can display understandings of clients’ emotional experiences, and then seek to shift the discussion in ways that do not prioritise sustained discussion of this. Our next section supports this finding by examining another practice therapists commonly used to orient to emotional experience.

#### *Affective Inferences: “That/It sounds...”*

The above section illustrated how therapists can orient to emotion in circumstances where clients themselves have articulated the emotional impact of their circumstances. When

reporting their troubles, however, clients do not always articulate this impact (Muntigl et al., 2014). A common practice therapists used in this context were affective inferences,<sup>3</sup> a mental state formulation (Hepburn & Potter, 2007) that is marked as an inference through the inclusion of an evidential verb. Sometimes these inferred emotions are positive, but they were mostly made in relation to negative emotional experiences. For this reason, we focus on negative affective inferences here. In addition to exploring similarities between commiserations and affective inferences, we highlight how they are designed to suit the local context of particular types of client descriptions.

The first example comes from a second session of therapy involving Elena, a therapist, and Chris, her client. The fragment begins partway through discussion of Chris' prior involvement with illicit drugs.

### Fragment 3 [Online CBT: P173-T14-S2]

175 [Elena] perhaps we should turn to looking at how you feel about  
176           yourself? Do you think you have forgiven yourself yet?  
177 [Chris] yes i have forgiven myself, put it down to experience, but i  
178           still have nightmares about police busting into our  
179           houseturning thee place upside down and being chucked in a  
180           cell .  
181 [Elena] **sounds terrifying.** When you say nightmares, you mean dreams  
182           that happen when you are asleep?  
182 [Chris] yes  
183 [Elena] And do yuo get flashbacks at all- waking experiences where  
184           you relive the awful things as if they were real again?

Chris responds to Elena's question by describing recurring nightmares (lines 177-180). However, unlike the instances considered previously, he does not explicitly identify the emotional impact of these nightmares. In Fragment 1 Craig described how he "felt gutted" (lines 36-37), and in Fragment 2 Carly described how "its made me a bit blue" (lines 6-7). In Fragment 3, however, Chris' description does not express the impact of nightmares in this way.

Although Chris has not explicitly highlighted the emotional impact of his nightmares, Elena may nonetheless utilise at least three pieces of information to inform an orientation to the emotional impact of Chris' situation. First is the commonsense understanding that nightmares and imprisonment are adverse personal events. Second is the use of the aggressive descriptions 'busting,' 'turning the place upside down,' and 'chucked.' A third resource is the design of Chris' post. Following initial agreement with Elena's question ("yes i have forgiven myself," line 177) Chris articulates an exception to that agreement: his nightmares about being imprisoned (lines 177-180). Although not explicitly stated, Chris' post conveys a negative stance towards the circumstances he describes. The agreement followed by exception format (MacMartin, 2008) of his post is evidence Elena can utilise in appreciating there are ongoing difficulties faced by Chris that do not represent improvement. Her next post exercises her reserved right to comment on these.

Unlike in Fragments 1 and 2, where clients articulated clear emotional impacts of the circumstances they described, here Elena must infer any emotional impact in order to

acknowledge this. In circumstances like this, participants can index their indirect access to the subjective experience of another through the way in which they design their turn (Peräkylä & Silverman, 1991). Elena's "sounds terrifying" (line 181) affiliates with the inexplicit negative stance Craig has taken in his prior post, and marks her orientation as an inference by prefacing it with the evidential verb "sounds" (Gisborne, 1998). Designing her orientation in this way acknowledges Chris' epistemic primacy in relation to his own mental experience (Hepburn & Potter, 2007).

In making this inference, Elena displays an understanding of how Chris feels (Voutilainen, 2012). However, this orientation to emotion is general and formulaic, which previous research has shown to achieve objectives like shifting topics (Antaki, 2007). The same outcome is accomplished in this instance. Elena's orientation to emotion prefaces her move to enquire about other non-affective elements of the nightmares. In data not shown here, this questioning identifies that Chris' thoughts can lead to panic attacks. This line of questioning, then, is crucial in enabling Elena to conduct a sufficient assessment of Chris' situation. Without her affective inference, Elena's post would be entirely concerned with objective details, without any orientation to the subjective impact of what is being discussed. Like the commiserations considered above, the affective inference used by Elena enables both an orientation to emotion and the initiation of a new sequence of action that does not prioritise discussion of emotion.

The following fragment is another instance involving an affective inference. As in Fragment 3, this orientation to emotion precedes a move to initiate a new sequence of action. In this

instance, we can observe how affective inferences can facilitate initiation of new sequences of action that are particularly important in CBT. The fragment comes from the first session of therapy. Prior to line 41, the therapist, Kathy, and her client, Sally, have been discussing Sally's panic attacks.

#### Fragment 4 [Online CBT: P86-T7-S1]

41 [Kathy] It would be helpful to review exactly what happens in one of  
42           these attacks as well as how this effects your life generally.  
43           So you feel a sense of it being unreal, what other things do you  
44           feel in your body?  
45 [Sally] i feel wobbly my leg go to jelly i dont breath properly the  
46           floor feel soft but the worst is the feeling of being in a  
47           dream and my eyes seem blurry  
48 [Kathy] **That sounds very scarey for you**,and the worst thing is this  
49           dream like feeling unreal. are you aware of what goes through  
50           your head at the time or just before it? what thoughts you have?

Sally's response to Kathy's question lists her symptoms of panic attacks (lines 45-47). She explains being in a dream-like state and having the perception of blurred vision, but does not explicitly describe the emotional impact of these symptoms. In this sense, her answer conforms to the topical agenda established by Kathy's question: "what other things do you feel *in your body*?" (lines 43-44, emphasis added). What this means, however, is that an orientation to emotion will require inferring what these emotions might be.

As in Fragment 3, an affective inference is indeed what follows, as Kathy orients to the emotional impact of symptoms from Sally's panic attacks ("That sounds very scary for you," line 48). Also as in Fragment 3, use of an evidential verb "sounds" conveys Kathy's claim is an inference based on Sally's preceding description. This instance is also similar to Fragment 3 insofar as Kathy's inference is relatively generic. Having oriented to emotion, Kathy subsequently asks about the thoughts that precede Sally's panic attacks (lines 49-50). This is consistent with the CBT framework, which seeks to identify negative thoughts that contribute to clients' personal distress (Beck, 2011). So again, we can observe how orientations to emotion can be made before questions that do not prioritise sustained discussion of such matters.

Prior work has established how therapists use formulations to paraphrase clients' contributions in ways that support trajectories therapists subsequently seek to pursue (Antaki, 2008; Peräkylä, 2004). In our data, we observe that affective inferences can be used to orient to emotional aspects of a clients' experience that may otherwise be unaddressed in therapists' next questions. They thus attenuate what could seem like attempts by therapists to focus on matters that do not prioritise sustained discussion of emotional experience. The instances we have considered contain two of a range of potential options therapists utilise to orient to clients' emotional experiences. These orientations reflect "the contingent connections between a turn and its prior" (Drew, 2013: 131). Where an emotional impact is clear and current, as in Fragments 1 and 2, therapists can commiserate with clients' circumstances. Alternatively, where circumstances are described that could have a potential negative personal impact, as in Fragments 3 and 4, emotional impact can be inferred. Compared to physically co-present

psychotherapy, this computer-mediated modality enables therapists to compose extended posts. They can therefore avoid the transition relevance places that would occur in talk-in-interaction by privately composing multi-unit posts before transmitting them (Ekberg et al., 2013). Although these practices are predominantly used to shift away from sustained discussion of emotion, this is not always the case. As we shall establish in the following section, therapists can use orientations to emotion to occasion ongoing discussion of the emotional impact of clients' circumstances.

*Using Affective Inferences to Promote Discussion of Emotional Impact: "It sounds like..."*

Although less common, the orientations to emotion described in this article were also used by therapists to sustain discussion of emotional experience. As in Fragments 3 and 4, in the following fragment a therapist, Stephanie, infers the emotional impact of the circumstances described by her client Faye. Unlike the instances considered above, however, Stephanie does not follow her orientation with an attempt to shift discussion away from discussing Faye's emotional experience. At the beginning of the fragment, Stephanie's acknowledgement that "what's going on the world can stress us out" refers to Faye's prior claim that watching the news or reading newspapers makes her angry.

**Fragment 5 [Online CBT: P46-T4-S9]**

28 [Stephanie] Yes, it's true that what's going on the world can stress us  
29 out. Would you like to talk a bit more about that or about  
30 how to coexist alongside how upset you sometimes feel in  
31 your relationship with your husband?



32 [Faye] yES I WOULD LIKE TO TALK ABOUT MY RELATIONSHIP WITH MY  
 33 HUSBAND. I CAN SEE NO WAY OUT, BUT TO STAY PUT AND MAKE THE  
 34 BEST OF THINGS. HE DOES AFFECT MY STATE OF MIND. IT IS LIKE  
 35 LIVING WITH A CHILD AT TIMES. HE IS ALWAYS RIGHT ABOUT  
 36 EVERYTHING, AND NEVER EVER GIVES ANY PRAISE. HIS NEGATIVE  
 37 SIDE IS REALLY BAD.I SOMETIMES FEEL IT IS HE THAT SHOULD BE  
 38 HAVING SOME THERAPY. I CANNOT GET CLOSE TO HIM, IT IS AS IF  
 39 HE DOESN'T LIKE ME.

40 [Stephanie] That's so hard Faye. **It sounds as though it really has an**  
 41 **impact on your mood. It sounds as though you feel angry and**  
 42 **hurt and that you feel trapped.**

43 [Faye] YOU ARE RIGHT STEPHANIE I DO FEEL TRAPPED.IT IS MY OWN FAULT  
 44 I SHOULD HAVE DONE SOMETHING ABOUT IT YEARS AGO. IT IS TOO  
 45 LATE NOW. I GET EMOTIONAL EVEN THINKING ABOUT IT.  
 46 ((Continues))

As in Fragments 3 and 4, Faye does not explicitly articulate the emotional impact of the events she describes and Stephanie subsequently elects to infer an emotional impact. There are crucial differences between the design of Stephanie's inference and those considered above. In particular, the inference is modulated through the inclusion of "as though" (lines 40 and 41). In other cases within our corpus, "like" can be used in the same position. The inclusion of "like" or "as though" weakens the strength of an inference by emphasising it is based on how the situation appears from a perspective outside the circumstances being discussed.

Modulated affective inferences also often involved the use of the pronoun "it" (e.g., line 40 of Fragment 5), whereas less elaborate inferences often involved the distal pronoun "that" (e.g.,

line 48 of Fragment 4). The use of “it” rather than “that” reflects the broader action implemented in such posts. Those affective inferences containing the distal pronoun “that” often preceded moves away from discussing emotional experience, whereas inferences containing “it” often occasioned sustained discussion of emotion. Consistent with previous research (e.g. Golver, 2000), this suggests deictic references can serve functions beyond reference to spatial distance. They may also be utilised by speakers to distance themselves from particular topics within a discussion.

The final, and most crucial, difference in Fragment 5 is Stephanie does not follow her inference with a question that seeks to shift the discussion away from Faye’s emotional experience. In the absence of such a shift, Faye can confirm or disconfirm Stephanie’s orientation to her emotional experience. Faye utilises this space to agree with Stephanie and continues to discuss the emotional impact of her relationship with her husband (from line 41). Because Stephanie’s orientation to emotion is not immediately followed by an attempt to shift the focus of discussion to another matter, the participants have more space for sustained discussion of the client’s emotional experience than has been possible in previous fragments. Although considerably less common in our corpus than the instances described above, cases like Fragment 5 highlight how particular differences in turn design, in this case the absence of a next question within the same post, can radically alter the course of action implemented by that turn (Drew, 2013). The crucial component in shaping the focus of discussion is whether a therapist elects to utilise the affordance provided by this computer-mediated modality that

enables composition of a multi-unit post combining an orientation to emotion and an attempt to pursue some particular matter.

### *Combined use of Commiseration and an Affective Inference*

In structurally facilitating the accomplishment of multi-unit posts, the computer-mediated modality used for these psychotherapy sessions also enabled therapists to make multiple orientations to emotion in a single post. This section highlights how the practices considered above are not mutually exclusive. They can be used to accomplish actions designed to suit the local context of their production. The following instance involving Brenda, a client, and Mark, her therapist, illustrates how this can be achieved. The dyad has been discussing Brenda's feeling of "a black cloud" (a colloquial expression for depression) and its abatement over the past day.

#### **Fragment 6 [Online CBT: P9-T1-S2]**

24 [Mark] Can you think of anything you have done to make the cloud go  
25 away?  
26 [Brenda] had my credit card stolen and felt despair then suddenly  
27 thought its not the end of world because ive had so many bad  
28 things happen its not unusual  
29 [Mark] **Sorry to hear you had your card stolen.** That is crap! **But it**  
30 **sounds like, although you are trying to put it in perspective,**  
31 **you feel very despondent.** Does that sound accurate, or is there  
32 more I should know?  
33 [Brenda] very accurate  
34 [Mark] Thanks. Was the theft the thing that sparked off the black

Following Mark's question about the reason for feeling better (lines 24-25), Brenda indicates she adopted a different perspective on the adverse event she experienced. Her response displays a complex emotional stance towards the circumstances she describes. She initially indicates an initial adverse emotional reaction ("had my credit card stolen and felt despair", line 26), followed by the abating of that reaction ("then suddenly thought its not the end of world", lines 26-27). The reported basis for her emotional abatement, however, does not come from a positive emotional state ("...because ive had so many bad things happen its not unusual", lines 27-28). In reply, Mark commiserates with Brenda's personal circumstance, specifically identifying the target of his commiseration by writing "Sorry to hear *you had your card stolen*" (line 29, emphasis added).

By specifying what he is commiserating with, Mark implicitly demarcates what he is not orienting to: Brenda's description of the subsequent perspective she took on the theft. This is presumably because Brenda's alternative perspective still involves the negative thinking that, according to CBT theory, perpetuates depression (Beck, 2011). Although Brenda reports responding to a situation with a less intense form of negative thinking, and having experienced a change in her mood by modifying her thinking in this way, it becomes apparent that Mark does not strongly endorse the subsequent negative thinking Brenda reports. He accomplishes this by inferring what Brenda has attempted and the attendant emotional impact likely to be associated with her subsequent negative thinking ("But it sounds like, although you are trying

to put it in perspective you feel very despondent,” lines 29-31). Mark then asks whether his understanding corresponds with Brenda’s own understanding of her experience (lines 31-32). This enables Mark to orient to Brenda’s emotional experience, but without endorsing her style of thinking. Replying to Brenda’s complex emotional stance presents a challenge for Mark, insofar as it is unclear whether his affective inference affiliates with Brenda’s own stance about the circumstances she describes. Asking Brenda to comment on his inference creates space in which she might confirm whether this aligns with her own stance towards her emotional experience.

Mark’s post at lines 29-32 contains a commiseration, an assessment (“That is crap!”, line 29), an affective inference, and a question. Accomplishing these four recognisably distinct actions within a single turn would be extremely unlikely in physically co-present psychotherapy, where transition to a next speaker would be a relevant possibility following the recognisable completion of a discrete action. Therapists are not subject to this constraint in computer-mediated text-based modalities like the one described here, where they privately compose complete posts before making them available to their clients.<sup>4</sup> The composition of turns containing multiple actions that would ordinarily be accomplished across multiple turns in talk-in-interaction is a structural affordance that appears to be routinely exploited in computer-mediated interaction (Ekberg et al., 2013; Harris et al., 2012).

## **Conclusions**

There has been a longstanding interest concerning whether and how emotion can be conveyed in text-based computer-mediated interaction (Rice & Love, 1987). This study highlights ways CBT practitioners orient to emotions in a text-based computer-mediated modality where they cannot see or hear their clients. Developing previous research that shows how this modality provides opportunities in which therapists can, but need not necessarily, orient to emotion before initiating another action (Ekberg et al., 2013), the current study identifies how two types of orientations to emotion are designed to suit the context of their production. In addition to the type of computer-mediated modality being used, we find these orientations are designed with reference to the local context of an interlocutor's prior turn.

Our focus in this article has been on two specific practices therapists use to orient to emotion. The first, commiseration, often follow descriptions clients make in which they clearly articulate a current, personal, and negative impact. The second practice, affective inferences, often follows descriptions that do not clearly articulate an emotional impact, but nonetheless describe circumstances from which therapists can infer emotional consequences. This practice may also be used in everyday interaction, but its frequency is likely to be greater in psychotherapeutic approaches such as CBT, which are influenced by counselling skills that specifically advocate making reference to emotion (Trepal et al., 2007). Although commiserations and affective inferences are used in the same sequential position, following clients' responses to therapists' information-seeking questions, these orientations to emotion appear to be specifically designed to suit the local context of clients' prior turns. Along with

Maynard (2003), we find that in making the discussion of emotions explicit, both parties can play a role.

In addition to identifying how orientations to emotion are closely designed in response to preceding talk, the present study also establishes how these orientations are used by therapists to promote therapeutic ends. When formatted to display understanding of the emotional consequences of a client's circumstances, an orientation to emotion can facilitate moves to a range of potential other activities (Beach & Dixon, 2001; Muntigl et al., 2014; Pudlinsky, 2005; Ruusuvuori, 2007; Voutilainen, 2012). It does this by conveying that a sufficient amount of information has been provided for a therapist to appreciate a client's emotional state. This, then, forms the basis for the reasonable progression of a discussion in a new direction, and this may not necessarily prioritise sustained discussion of emotion.

In the data analysed for our study, orientations to emotion and moves to discuss other matters are routinely accomplished within a single post. This accomplishment is facilitated by the computer-mediated modality used by participants to these CBT sessions. In particular, the separation of turn composition and transmission means therapists can expand their post beyond orientations to emotion (Ekberg et al., 2013). At equivalent points in physically co-present psychotherapy, it would be possible for clients to respond to therapists' orientations to emotion (cf. Peräkylä, 2010; Voutilainen et al., 2010). Such an orientation would implement the recognisable completion of a discrete action following which transition to another speaker would be a relevant possibility (cf. Sacks et al., 1974). By systematically enabling the routine

production of multi-unit turns, the text-based modality we have considered enables online CBT to be accomplished in ways that are recognisably distinct to physically co-present therapy. Beyond this difference, however, remains a focus on acknowledging the adverse emotions that so often bring clients to psychotherapy in the first place.

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<sup>1</sup> Most uses of “sorry” in the corpus were used as apologies (Robinson, 2004), such as for arriving late to a session. Where there was ambiguity as to whether particular instances were apologies or commiserations (e.g., “Sorry for raising painful memories”), these were included in our collection for further analysis.

<sup>2</sup> “It sounds,” “that sounds,” or “sounds” prefaced posts were used by therapists in our corpus to mark a diverse range of inferences. Given our focus on orientations to emotion, our study was restricted to *affective* inferences, with other types of inferences (e.g. “Well it does sound like you have left no stone unturned”) omitted from the collection.

<sup>3</sup> Unlike commiserations, there is no vernacular gloss that describes the action accomplished by these practices (a potentially common problem in CA; cf. Schegloff, 1996: 209-212). The closest technical term we are aware of, which is common in counselling literature, is ‘reflection of feeling’ (Trepal, Haberstroh, Duffey, & Evans, 2007). We have not appropriated this term here, however, in recognition that professional understandings of interactional practices may differ from empirical accounts of those practices (Peräkylä & Vehviläinen, 2003).



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<sup>4</sup> Prior research has demonstrated how the type of sequential organisation found in talk-in-interaction can be disrupted in quasi-synchronous text-based online interaction (A. Garcia & Jacobs, 1998; A. C. Garcia & Jacobs, 1999). Such disruption, however, does not routinely appear in the sequences we study. The variation between this study and Garcia and Jacobs' research may reflect differences between the types of interactions examined. For example, where the current study has focused on dyadic interactions, Garcia and Jacobs focused on interactions involving larger numbers of participants. The impact of such factors on the sequential organisation of quasi-synchronous text-based online interaction therefore warrants further investigation.

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